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FEC FORM 2 STATEMENT OF CANDIDACY

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Kelly A. Ayotte (b) Address (number and street)	☐ Check i	if address channe	<u> </u>	2 Candidate's EEC lds	antification M.	mhor .
PO Box 937	PO Box 937		Candidate's FEC Identification Number S0NH00235			
(c) City, State, and ZIP Code				3. Is This	ew	Amend
Manchester		NH 03	105-0937	Statement (N) OR	× (A)
Party Affiliation	5. Office Sought		6. State & Di	strict of Candidate		
REPUBLICAN PARTY	Senate		NH	00		
Đ	ESIGNATION O	F PRINCIPA	L CAMPAIG	N COMMITTEE		
I hereby designate the following r	named political committe	ee as my Principa	ıl Campaign Con		election	ı(s).
NOTE: This designation should be	e filed with the appropri	ate office listed in	the instructions	(year of ele	ction)	
(a) Name of Committee (in full)		<u> </u>		·		
Friends of Kelly Ay	otte Inc.					
(b) Address (number and street) PO Box 937		<u> </u>				
(c) City, State, and ZIP Code						
		ng Joint Fundraisi	ing Representati	ves)	pend funds o	n behalf of my
I hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full)	(Including amed committee, which a filed with the principal of the committee of the committ	ng Joint Fundraisi is NOT my princi	JTHORIZED ing Representati pal campaign co	COMMITTEES	pend funds or	n behalf of my
I hereby authorize the following na candidacy. NOTE: This designation should be	(Including amed committee, which a filed with the principal of the committee of the committ	ng Joint Fundraisi is NOT my princi	JTHORIZED ing Representati pal campaign co	COMMITTEES	pend funds o	n behalf of my
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	FEC Form 2 (Rev. 02/2003)		_		Page 2 /
NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) 2015 Senators Classic Committee (b) Address (number and street) 228 5 Washington Street Suite 115 (c) City, State and ZIP Code Alexandria VA 22314-5404 DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL] (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Retain The Senate 2016 (b) Address (number and street) 901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria VA 22314-1535 DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL] (Including Joint Fundraising Representatives) I herety authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my candidacy. (a) Name of Committee (in full) Ayotte-Portman-Thune Committee (b) Address (number and street) 228 S Washington Street Suite 115 (c) City, State and ZIP Code Alexandria					[ADDITIONAL]
(a) Name of Committee (in full) 2015 Senators Classic Committee (b) Address (number and street) 228 S Washington Street Suite 115 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTHER AUTHORIZED COMMITTEES [Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE:This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Retain The Senate 2016 (b) Address (number and street) 301 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria VA 22314-1535 DESIGNATION OF OTHER AUTHORIZED COMMITTEES [Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE:This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE:This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Ayotte-Portman-Thune Committee (b) Address (number and street) 228 S Washington Street Suite 115 (c) City, State and ZIP Code	I hereby authorize the following named committee, which is N candidacy.	NOT my principal campaign c	ommittee, to	receive and expend funds	on behalf of my
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NOTE:This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Retain The Senate 2016 (b) Address (number and street) 901 N Washington Street Suite 700 (c) City, State and ZIP Code Alexandria VA 22314-1535 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE:This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Ayotte-Portman-Thune Committee (b) Address (number and street) 228 S Washington Street Suite 115 (c) City, State and ZIP Code Alexandria					[ADDITIONAL]
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228 S Washington Street Suite 115 (c) City, State and ZIP Code	Ayotte-Portman-Thune Committ	tee			
(c) City, State and ZIP Code	228 S Washington Street			<u> </u>	
Alexandria					
VA 22314-5404					
	, seasining		VA	22314-5404	

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DESIGNATION OF OT (Including Jo	HER AUTHORIZED ([ADDITIONAL]
I hereby authorize the following named committee, which is NOT my particles candidacy.	rincipal campaign committee, to	receive and expend funds	on behalf of my
NOTE: This designation should be filed with the principal ca	mpaign committee.		
(a) Name of Committee (in full)		·	
Ayotte Blunt Moran Wolfe Victory Fu	nd		
(b) Address (number and street) 228 S Washington Street Suite 115			
(c) City, State and ZIP Code			
Alexandria	VA	22314-5404	
DESIGNATION OF OT	HER AUTHORIZED Coint Fundraising Representa		[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my pr candidacy.	incipal campaign committee, to	receive and expend funds	on behalf of my
NOTE: This designation should be filed with the principal car	mpaign committee.		
(a) Name of Committee (in full)			
Ayotte-Daines Committee			
(b) Address (number and street) 901 N Washington Street Suite 700			
(c) City, State and ZIP Code			
Alexandria	VA	22314-1535	
DESIGNATION OF OTH	HER AUTHORIZED C		[ADDITIONAL]
hereby authorize the following named committee, which is NOT my price	noinal compaign as a situation	receive and expend funds o	an hehalf of my
candidacy.	nopal campaign committee, to	The state of the s	or borian or my
NOTE: This designation should be filed with the principal can			or borian of my
candidacy.			
NOTE:This designation should be filed with the principal can	npaign committee.		·
(a) Name of Committee (in full) McCain-Ayotte Joint Victory Committee (b) Address (number and street) 228 S Washington Street	npaign committee.		The second of the
(a) Name of Committee (in full) McCain-Ayotte Joint Victory Committee (b) Address (number and street)	npaign committee.		· · · · · · · · · · · · · · · · · · ·

FEC Form 2 (Rev. 02/2003)		Page 4 /
	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NO candidacy.	T my principal campaign committee, to receive and expend fun	ds on behalf of my
NOTE:This designation should be filed with the princi	ipal campaign committee.	
(a) Name of Committee (in full) Target Races Committee		<u> </u>
(b) Address (number and street) 228 S Washington Street Suite 115		•
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT candidacy.	T my principal campaign committee, to receive and expend fund	ds on behalf of my
NOTE: This designation should be filed with the principal states and the principal states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of the states are states as a second state of	pal campaign committee.	
(a) Name of Committee (in full)		
Protecting The Majority Fund		
(b) Address (number and street) 228 S Washington Street Suite 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
	OTHER AUTHORIZED COMMITTEES ing Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT candidacy.	my principal campaign committee, to receive and expend fund	is on behalf of my
NOTE:This designation should be filed with the princip	pal campaign committee.	
(a) Name of Committee (in full)	_	
2016 Senate Majority Committee		
(b) Address (number and street) PO Box 751271		
(c) City, State and ZIP Code	<u> </u>	

FEC Form 2 (Rev. 02/2003)		Page 5 /
	OTHER AUTHORIZED COMMITTEES ing Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT candidacy.	my principal campaign committee, to receive and expend fun	ds on behalf of my
NOTE:This designation should be filed with the princip	oal campaign committee.	
(a) Name of Committee (in full)		
Winning Women Victory Committ	tee	
(b) Address (number and street) 228 S Washington Street Suite 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
	OTHER AUTHORIZED COMMITTEES ing Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT candidacy.	my principal campaign committee, to receive and expend fun-	ds on behalf of my
NOTE: This designation should be filed with the princip	oal campaign committee.	
(a) Name of Committee (in full)		
Ayotte Victory Committee		
(b) Address (number and street) 228 S Washington Street Suite 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
	OTHER AUTHORIZED COMMITTEES ng Joint Fundraising Representatives)	[ADDITIONAL]
t hereby authorize the following named committee, which is NOT recandidacy.	my principal campaign committee, to receive and expend fund	ls on behalf of my
NOTE: This designation should be filed with the principal	al campaign committee.	
(a) Name of Committee (in full)		
Kelly Victory Fund		
(b) Address (number and street) 901 N Washington Street Suite 700		
(c) City, State and ZIP Code		

Faxed or Hand Delivered

DANA K. MACCALLUM SUPERINTENDENT

ART SENATE OFFICE BUILDING SUITE 232

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

WASHINGTION, DC 20510-7116
PHONE(202) 224-0322

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SEN PATCH



SEN PATCH